

CITY OF CHANDLER - RECREATION DIVISION

SPORTS LEAGUE REGISTRATION / ROSTER FORM

TEAM NAME:_____ CLASS 1 OR CLASS 2

LEAGUE PREFERENCE (CIRCLE ONE):

Manager:_____

MEN'S BASKETBALL
B-1 LEAGUE SUNDAY 1-5 p.m.
B-2 LEAGUE SUNDAY 5-9 p.m.
C- LEAGUE SUNDAY 1-5 p.m.
D- LEAGUE SUNDAY 5-9 p.m.

MEN'S FLAG FOOTBALL
AMERICAN CONFERENCE
NATIONAL CONFERENCE

Address:_____ City:_____ Zip: _____

CO-REC. VOLLEYBALL
B-LEAGUE SUNDAY (INDOOR)
(six player teams)

(H) Phone: (_____) _____ (W) Phone: (_____) _____

Manager's E-Mail: _____

"I have read and agree to all the rules of the City of Chandler League and verify to the best of my knowledge that all information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance."

Former Team's Name: _____

Manager's Signature _____ Date: _____

Former Team's League: _____ Former Team Placing: _____ Win: _____ Loss: _____

TEAM ROSTER:

NAME	ADDRESS (If Class 1, home or work address, whichever is in Chandler)	CITY	ZIP	HOME PHONE (with area code)	WORK PHONE (with area code)
1. MANAGER:					
2. ASST. MANAGER:					
3.					
4.					
5.					
6.					
7.					
8.					
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20.					